



2016 Program Application

BUSINESS INFORMATION

LEGAL NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____ FEDERAL ID#: _____

CONTACT PERSON/ PERSPECTIVE PARTICIPANT

NAME: _____ TITLE: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

TRADE CLASSIFICATION(S) through the Division of Property Management & Construction (DPMC)
If you do not have a DPMC classification, please list your trade(s).

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

DPMC Expiration Date: _____ (if applicable)

Are you SDA Prequalified: YES NO If so, please list expiration date: _____

BUSINESS STRUCTURE: (PLEASE CHECK THE APPROPRIATE CATEGORY)

 SOLE PROPRIETORSHIP PARTNERSHIP CORPORATION L.L.C. OTHER

Year Incorporated: _____

Does your business have a physical address in the State of New Jersey? _____YES _____NO

Are you a small, minority or woman-owned business? _____ YES _____ NO

Are you a veteran? _____YES _____NO

LARGEST CONTRACT:

2013 - \$ _____ 2014 - \$ _____ 2015 - \$ _____

Employee List (Please include name, title and if they are full time or part time)

NAME

TITLE

FT/PT



SMWBE Contractor Training Program



STATE OF NEW JERSEY

SCHOOLS DEVELOPMENT AUTHORITY

32 EAST FRONT STREET
P.O. BOX 991
TRENTON, NJ 08625-0991

Classes will be offered at locations in Trenton and/or Newark. Please indicate your classroom preference. Class location will be determined by the interest expressed in the stated locations.

_____ 32 East Front Street, Trenton, NJ 08625

_____ 375 McCarter Highway, Newark, NJ 07114

How did you hear about this program: _____

I certify that all information I have provided in this application is true, complete and correct to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the program as deemed necessary.

Signature

Title

Date

Completed applications should be returned no later than Monday, March 14, 2016. Please note that space in the program is limited therefore we recommend submitting your application as soon as possible. Class location will be determined by the interest expressed in the stated locations. Completed applications should be sent to:

Kelleeya Singleton

E-mail: Ksingleton@njsda.gov

Fax: 609-656-7246

Mail: Attention: Kelleeya Singleton, NJ Schools Development Authority, P.O. Box 991, Trenton, NJ 08625-0991

Questions – Please contact Kelleeya Singleton at 609-858-2905 or 609-331-5269.